In the Specification:

Replace first paragraph on page 4, as follows:

--Various other schemes and devices have been previously devised in an attempt to enter the pericardium via a small portal of entry, or via a percutaneous puncture site. None of these systems permit reliable, safe entry under direct, endoscopic visualization. U.S. Patent No. 5,931,810 (Grabek) describes a grasping instrument with jaws that grasp the pericardium followed by advancement of a needle through a bore in the shaft of the instrument. ~~depicts a grasping instrument with jaws.~~ The needle extends between the closed jaws of the device, into the pericardium. This concept suffers from unreliability, as it is difficult to ensure that the needle will pierce between two layers of pericardium that are compressed by the jaws of the device, without an active technique of holding the two opposed layers of pericardium apart. Thus, as there is no central cavity in a flap of pericardium grasped by the instrument jaws, a needle advanced down a central bore of the instrument may easily end up outside of the pericardium, or embedded in the pericardium, instead of lying between the two layers of pericardium pinched together by the jaws. Also, axial advancement of the needle carries the potential of myocardial puncture. Needle entry with the Grabek device must be verified by subsequent passage of a guidewire into the pericardial sac, or by infusion of fluid or contrast material through the needle into the pericardial cavity.--

Replace last paragraph on page 4 to the top of page 5, as follows:

--U.S. Patent 5,071,428 (Chin et al.) describes a clamp with distal points that grasp a flap of pericardium, allowing a guidewire to be advanced within tubular guides to puncture through the pericardium. A tube may follow the guidewire into the intra pericardial space. This design may cause myocardial trauma due to the sharp pointed grasping clamp. The multiple steps of pericardial grasping, pericardial puncture, guidewire advancement, and catheter insertion render this technique impractical.--

Replace first paragraph on page 6, as follows:

--In an alternative embodiment, the cannula of the endoscopic cannula is articulable, and the cannula further comprises a wire lumen, a wire, and an articulating lever. The wire is positioned within the wire lumen, having a distal end attached to a distal end of the cannula. The articulating lever is positioned near the proximal end of the cannula, attached to the proximal end of the wire, for tensioning the wire in a first position to cause the distal end of the cannula to bend away from alignment with the proximal end of the cannula, and for relaxing the wire in a second position to position the distal end of the cannula substantially ~~parallel to~~ aligned with the proximal end of the cannula.--

Replace last paragraph on page 7 to the top of page 8, as follows:

--In a preferred method, the pericardial entry device is advanced tangentially to the pericardium to allow the ~~gasping~~ grasping tool to grasp a flap of the pericardium without endangering the underlying heart. Once a flap of the pericardium is ~~gasped~~ grasped, the cutting tool is extended to the cut the flap, creating a small opening into which other surgical tools may be introduced. In a preferred embodiment, the cutting tool is a tubular cutting device which creates a circular opening which facilitates the introduction of other surgical tools. Due to the small circumference of the tubular cutter, the opening in the pericardium is also small. One embodiment of a method of performing a cardiac procedure used in conjunction with the described apparatus comprises first making a single subxiphoid incision to provide initial access into the patient's body, inserting an endoscopic cannula into the incision, advancing the endoscopic cannula to the mediastinum under endoscopic visualization, and performing the surgical procedure with the mediastinum. Optionally, the method further includes initially providing a dilated cavity for passing the endoscopic cannula into the mediastinum as previously described, and performing the surgical procedure within the mediastinum.--

Replace paragraph 10, on page 11, as follows:

--Figure 7B is a perspective view of an endoscopic cannula with an access port with an ~~articulable~~ articulatable head in accordance with the present invention.--